



ARIZONA HEALTH CARE
COST CONTAINMENT SYSTEM
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2009 FFS Rate Codes - Professional & Medical Services

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PROC	DESCRIPTION	NON FAC RATE 2009	FAC RATE 2009	EFF DATE
90901	BIOFEEDBACK TRAINING BY ANY MODALITY	\$34.48	\$18.49	2/1/2009
90911	BIOFEEDBACK TRAINING, PERINEAL MUSCLES, ANORECTAL OR URETHRAL SPHINCTER,	\$84.56	\$42.08	2/1/2009
95004	PERCUTANEOUS TESTS (SCRATCH, PUNCTURE, PRICK) WITH ALLERGENIC EXTRACTS, IMMEDIAT	\$5.44	\$5.44	2/1/2009
95010	PERCUTANEOUS TESTS (SCRATCH, PUNCTURE, PRICK) SEQUENTIAL AND INCREMENTAL, WITH D	\$16.81	\$16.81	2/1/2009
95012	NITRIC OXIDE EXPIRED GAS DETERMINATION	\$18.15	\$18.15	2/1/2009
95015	INTRACUTANEOUS (INTRADERMAL) TESTS, SEQUENTIAL AND INCREMENTAL, WITH DRUGS, BIOL	\$11.74	\$11.74	2/1/2009
95024	INTRACUTANEOUS (INTRADERMAL) TESTS WITH ALLERGENIC EXTRACTS, IMMEDIATE TYPE REAC	\$6.53	\$6.53	2/1/2009
95027	INTRACUTANEOUS (INTRADERMAL) TESTS, SEQUENTIAL AND INCREMENTAL, WITH ALLERGENIC	\$5.07	\$5.07	2/1/2009
95028	INTRACUTANEOUS (INTRADERMAL) TESTS WITH ALLERGENIC EXTRACTS, DELAYED TYPE	\$10.17	\$10.17	2/1/2009
95044	PATCH OR APPLICATION TEST(S) (SPECIFY NUMBER OF TESTS)	\$6.90	\$6.90	2/1/2009
95052	PHOTO PATCH TEST(S) (SPECIFY NUMBER OF TESTS)	\$7.60	\$7.60	2/1/2009
95056	PHOTO TESTS	\$26.16	\$26.16	2/1/2009
95060	OPHTHALMIC MUCOUS MEMBRANE TESTS	\$20.31	\$20.31	2/1/2009
95065	DIRECT NASAL MUCOUS MEMBRANE TEST	\$16.69	\$16.69	2/1/2009
95070	INHALATION BRONCHIAL CHALLENGE TESTING (NOT INCLUDING NECESSARY PULMONARY	\$57.02	\$57.02	2/1/2009
95071	INHALATION BRONCHIAL CHALLENGE TESTING (NOT INCLUDING NECESSARY PULMONARY	\$71.55	\$71.55	2/1/2009
95075	INGESTION CHALLENGE TEST (SEQUENTIAL AND INCREMENTAL INGESTION OF TEST ITEMS,	\$59.59	\$43.98	2/1/2009
95115	PROFESSIONAL SERVICES FOR ALLERGEN IMMUNOTHERAPY NOT INCLUDING PROVISION OF ALLE	\$11.96	\$11.96	2/1/2009
95117	PROFESSIONAL SERVICES FOR ALLERGEN IMMUNOTHERAPY NOT INCLUDING PROVISION OF	\$14.87	\$14.87	2/1/2009
95120	PROFESSIONAL SERVICES FOR ALLERGEN IMMUNOTHERAPY IN PRESCRIBING PHYSICIANS	\$17.59	\$17.59	2/1/2009
95125	PROFESSIONAL SERVICES FOR ALLERGEN IMMUNOTHERAPY IN PRESCRIBING PHYSICIANS	\$35.18	\$35.18	2/1/2009
95130	PROFESSIONAL SERVICES FOR ALLERGEN IMMUNOTHERAPY IN PRESCRIBING PHYSICIANS	BR	BR	10/1/1982
95131	PROFESSIONAL SERVICES FOR ALLERGEN IMMUNOTHERAPY IN PRESCRIBING PHYSICIANS	\$12.31	\$12.31	2/1/2009



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PROC	DESCRIPTION	NON FAC RATE 2009	FAC RATE 2009	EFF DATE
95132	PROFESSIONAL SERVICES FOR ALLERGEN IMMUNOTHERAPY IN PRESCRIBING PHYSICIANS	\$14.57	\$14.57	2/1/2009
95133	PROFESSIONAL SERVICES FOR ALLERGEN IMMUNOTHERAPY IN PRESCRIBING PHYSICIANS	\$16.83	\$16.83	2/1/2009
95134	PROFESSIONAL SERVICES FOR ALLERGEN IMMUNOTHERAPY IN PRESCRIBING PHYSICIANS	\$22.36	\$22.36	2/1/2009
95144	PROFESSIONAL SERVICES FOR THE SUPERVISION OF PREPARATION AND PROVISION OF	\$10.58	\$2.95	2/1/2009
95145	PROFESSIONAL SERVICES FOR THE SUPERVISION OF PREPARATION AND PROVISION OF	\$14.57	\$3.14	2/1/2009
95146	PROFESSIONAL SERVICES FOR THE SUPERVISION OF PREPARATION AND PROVISION OF	\$22.54	\$2.95	2/1/2009
95147	PROFESSIONAL SERVICES FOR THE SUPERVISION OF PREPARATION AND PROVISION OF	\$21.84	\$2.95	2/1/2009
95148	PROFESSIONAL SERVICES FOR THE SUPERVISION OF PREPARATION AND PROVISION OF	\$30.56	\$2.95	2/1/2009
95149	PROFESSIONAL SERVICES FOR THE SUPERVISION OF PREPARATION AND PROVISION OF	\$40.37	\$2.95	2/1/2009
95165	PROFESSIONAL SERVICES FOR THE SUPERVISION OF PREPARATION AND PROVISION OF	\$10.58	\$2.95	2/1/2009
95170	PROFESSIONAL SERVICES FOR THE SUPERVISION OF PREPARATION AND PROVISION OF	\$8.39	\$2.95	2/1/2009
95180	RAPID DESENSITIZATION PROCEDURE, EACH HOUR (EG, INSULIN, PENICILLIN, EQUINE	\$134.58	\$98.24	2/1/2009
95199	UNLISTED ALLERGY/CLINICAL IMMUNOLOGIC SERVICE OR PROCEDURE	BR	BR	10/1/1982
95803	Actigraphy testing, recording analysis, interpretation, and report (minimum of 7	BR	BR	1/1/2009
95805	MULTIPLE SLEEP LATENCY OR MAINTENANCE OF WAKEFULNESS TESTING, RECORDING, ANALYSI	\$517.99	\$517.99	2/1/2009
95806	SLEEP STUDY, SIMULTANEOUS RECORDING OF VENTILATION, RESPIRATORY EFFORT, ECG OR	\$200.28	\$200.28	2/1/2009
95807	SLEEP STUDY, SIMULTANEOUS RECORDING OF VENTILATION, RESPIRATORY EFFORT, ECG OR	\$510.80	\$510.80	2/1/2009
95808	POLYSOMNOGRAPHY; SLEEP STAGING WITH 1-3 ADDITIONAL PARAMETERS OF SLEEP,	\$632.18	\$632.18	2/1/2009



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95810	POLYSOMNOGRAPHY; SLEEP STAGING WITH 4 OR MORE ADDITIONAL PARAMETERS OF SLEEP,	\$775.63	\$775.63	2/1/2009
95811	POLYSOMNOGRAPHY; SLEEP STAGING WITH 4 OR MORE ADDITIONAL PARAMETERS OF SLEEP,	\$852.51	\$852.51	2/1/2009
95812	ELECTROENCEPHALOGRAM (EEG) EXTENDED MONITORING; 41-60 MINUTES	\$221.93	\$221.93	2/1/2009
95813	ELECTROENCEPHALOGRAM (EEG) EXTENDED MONITORING; GREATER THAN ONE HOUR	\$273.29	\$273.29	2/1/2009
95816	ELECTROENCEPHALOGRAM (EEG); INCLUDING RECORDING AWAKE AND DROWSY	\$204.16	\$204.16	2/1/2009
95819	ELECTROENCEPHALOGRAM (EEG); INCLUDING RECORDING AWAKE AND ASLEEP	\$206.69	\$206.69	2/1/2009
95822	ELECTROENCEPHALOGRAM (EEG); RECORDING IN COMA OR SLEEP ONLY	\$225.88	\$225.88	2/1/2009
95824	ELECTROENCEPHALOGRAM (EEG); CEREBRAL DEATH EVALUATION ONLY	\$57.29	\$57.29	2/1/2009
95827	ELECTROENCEPHALOGRAM (EEG); ALL NIGHT RECORDING	\$300.75	\$300.75	2/1/2009
95829	ELECTROCORTICOGRAM AT SURGERY (SEPARATE PROCEDURE)	\$1,234.73	\$1,234.73	2/1/2009
95830	INSERTION BY PHYSICIAN OF SPHENOIDAL ELECTRODES FOR ELECTROENCEPHALOGRAPHIC	\$173.48	\$80.47	2/1/2009
95831	MUSCLE TESTING, MANUAL (SEPARATE PROCEDURE) WITH REPORT; EXTREMITY (EXCLUDING HA	\$25.31	\$13.68	2/1/2009
95832	MUSCLE TESTING, MANUAL (SEPARATE PROCEDURE) WITH REPORT; HAND, WITH OR WITHOUT	\$23.10	\$14.38	2/1/2009
95833	MUSCLE TESTING, MANUAL (SEPARATE PROCEDURE) WITH REPORT; TOTAL EVALUATION OF	\$35.59	\$22.51	2/1/2009
95834	MUSCLE TESTING, MANUAL (SEPARATE PROCEDURE) WITH REPORT; TOTAL EVALUATION OF	\$41.89	\$29.15	2/1/2009
95851	RANGE OF MOTION MEASUREMENTS AND REPORT (SEPARATE PROCEDURE); EACH EXTREMITY	\$16.84	\$7.75	2/1/2009
95852	RANGE OF MOTION MEASUREMENTS AND REPORT (SEPARATE PROCEDURE); HAND, WITH OR	\$13.16	\$5.52	2/1/2009
95857	TENSILON TEST FOR MYASTHENIA GRAVIS;	\$39.65	\$25.12	2/1/2009
95860	NEEDLE ELECTROMYOGRAPHY, ONE EXTREMITY WITH OR WITHOUT RELATED PARASPINAL AREAS	\$80.99	\$80.99	2/1/2009



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95861	NEEDLE ELECTROMYOGRAPHY; TWO EXTREMITIES WITH OR WITHOUT RELATED PARASPINAL	\$110.80	\$110.80	2/1/2009
95863	NEEDLE ELECTROMYOGRAPHY; THREE EXTREMITIES WITH OR WITHOUT RELATED PARASPINAL	\$132.86	\$132.86	2/1/2009
95864	NEEDLE ELECTROMYOGRAPHY; FOUR EXTREMITIES WITH OR WITHOUT RELATED PARASPINAL	\$159.77	\$159.77	2/1/2009
95865	NEEDLE ELECTROMYOGRAPHY; LARYNX	\$106.85	\$106.85	2/1/2009
95866	NEEDLE ELECTROMYOGRAPHY; HEMIDIAPHRAGM	\$81.92	\$81.92	2/1/2009
95867	NEEDLE ELECTROMYOGRAPHY; CRANIAL NERVE SUPPLIED MUSCLE(S), UNILATERAL	\$66.34	\$66.34	2/1/2009
95868	NEEDLE ELECTROMYOGRAPHY; CRANIAL NERVE SUPPLIED MUSCLES, BILATERAL	\$91.30	\$91.30	2/1/2009
95869	NEEDLE ELECTROMYOGRAPHY; THORACIC PARASPINAL MUSCLES (EXCLUDING T1 OR T12)	\$39.13	\$39.13	2/1/2009
95870	NEEDLE ELECTROMYOGRAPHY; LIMITED STUDY OF MUSCLES IN ONE EXTREMITY OR NON-LIMB	\$38.39	\$38.39	2/1/2009
95872	NEEDLE ELECTROMYOGRAPHY USING SINGLE FIBER ELECTRODE, WITH QUANTITATIVE	\$151.16	\$151.16	2/1/2009
95873	ELECTRICAL STIMULATION FOR GUIDANCE IN CONJUNCTION WITH CHEMODENERVATION (LIST S	\$38.76	\$38.76	2/1/2009
95874	NEEDLE ELECTROMYOGRAPHY FOR GUIDANCE IN CONJUNCTION WITH CHEMODENERVATION (LIST	\$38.05	\$38.05	2/1/2009
95875	ISCHEMIC LIMB EXERCISE TEST WITH SERIAL SPECIMEN(S) ACQUISITION FOR MUSCLE(S)	\$93.02	\$93.02	2/1/2009
95900	NERVE CONDUCTION, AMPLITUDE AND LATENCY/VELOCITY STUDY, EACH NERVE; MOTOR,	\$54.79	\$54.79	2/1/2009
95903	NERVE CONDUCTION, AMPLITUDE AND LATENCY/VELOCITY STUDY, EACH NERVE; MOTOR, WITH	\$61.46	\$61.46	2/1/2009
95904	NERVE CONDUCTION, AMPLITUDE AND LATENCY/VELOCITY STUDY, EACH NERVE; SENSORY	\$47.81	\$47.81	2/1/2009
95920	INTRAOPERATIVE NEUROPHYSIOLOGY TESTING, PER HOUR (LIST SEPARATELY IN ADDITION TO	\$149.67	\$149.67	2/1/2009
95921	TESTING OF AUTONOMIC NERVOUS SYSTEM FUNCTION: CARDIOVAGAL INNERVATION (PARASYMPA	\$65.70	\$65.70	2/1/2009
95922	TESTING OF AUTONOMIC NERVOUS SYSTEM FUNCTION; VASOMOTOR ADRENERGIC INNERVATION	\$77.37	\$77.37	2/1/2009



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95923	TESTING OF AUTONOMIC NERVOUS SYSTEM FUNCTION; SUDOMOTOR, INCLUDING ONE OR MORE	\$109.64	\$109.64	2/1/2009
95925	SHORT-LATENCY SOMATOSENSORY EVOKED POTENTIAL STUDY, STIMULATION OF ANY/ALL PERIP	\$97.68	\$97.68	2/1/2009
95926	SHORT-LATENCY SOMATOSENSORY EVOKED POTENTIAL STUDY, STIMULATION OF ANY/ALL	\$96.23	\$96.23	2/1/2009
95927	SHORT-LATENCY SOMATOSENSORY EVOKED POTENTIAL STUDY, STIMULATION OF ANY/ALL	\$99.50	\$99.50	2/1/2009
95928	CENTRAL MOTOR EVOKED POTENTIAL STUDY (TRANSCRANIAL MOTOR STIMULATION); UPPER	\$178.77	\$178.77	2/1/2009
95929	CENTRAL MOTOR EVOKED POTENTIAL STUDY (TRANSCRANIAL MOTOR STIMULATION); LOWER	\$188.24	\$188.24	2/1/2009
95930	VISUAL EVOKED POTENTIAL (VEP) TESTING CENTRAL NERVOUS SYSTEM, CHECKERBOARD OR	\$101.63	\$101.63	2/1/2009
95933	ORBICULARIS OCULI (BLINK) REFLEX, BY ELECTRODIAGNOSTIC TESTING	\$61.75	\$61.75	2/1/2009
95934	H-REFLEX, AMPLITUDE AND LATENCY STUDY; RECORD GASTROCNEMIUS/SOLEUS MUSCLE	\$41.40	\$41.40	2/1/2009
95936	H-REFLEX, AMPLITUDE AND LATENCY STUDY; RECORD MUSCLE OTHER THAN	\$38.53	\$38.53	2/1/2009
95937	NEUROMUSCULAR JUNCTION TESTING (REPETITIVE STIMULATION, PAIRED STIMULI), EACH	\$52.36	\$52.36	2/1/2009
95950	MONITORING FOR IDENTIFICATION AND LATERALIZATION OF CEREBRAL SEIZURE FOCUS ELECTR	\$228.34	\$228.34	2/1/2009
95951	MONITORING FOR LOCALIZATION OF CEREBRAL SEIZURE FOCUS BY CABLE OR RADIO, 16 OR	\$952.99	\$952.99	2/1/2009
95953	MONITORING FOR LOCALIZATION OF CEREBRAL SEIZURE FOCUS BY COMPUTERIZED PORTABLE	\$399.36	\$399.36	2/1/2009
95954	PHARMACOLOGICAL OR PHYSICAL ACTIVATION REQUIRING PHYSICIAN ATTENDANCE DURING	\$243.36	\$243.36	2/1/2009
95955	ELECTROENCEPHALOGRAM (EEG) DURING NONINTRACRANIAL SURGERY (EG, CAROTID SURGERY)	\$133.12	\$133.12	2/1/2009
95956	MONITORING FOR LOCALIZATION OF CEREBRAL SEIZURE FOCUS BY CABLE OR RADIO, 16 OR	\$697.88	\$697.88	2/1/2009
95957	DIGITAL ANALYSIS OF ELECTROENCEPHALOGRAM (EEG) (EG, FOR EPILEPTIC SPIKE	\$225.47	\$225.47	2/1/2009
95958	WADA ACTIVATION TEST FOR HEMISPHERIC FUNCTION, INCLUDING	\$336.20	\$336.20	2/1/2009



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95961	FUNCTIONAL CORTICAL AND SUBCORTICAL MAPPING BY STIMULATION AND/OR RECORDING OF	\$220.03	\$220.03	2/1/2009
95962	FUNCTIONAL CORTICAL AND SUBCORTICAL MAPPING BY STIMULATION AND/OR RECORDING OF	\$208.11	\$208.11	2/1/2009
95965	MAGNETOENCEPHALOGRAPHY (MEG), RECORDING AND ANALYSIS; FOR SPONTANEOUS BRAIN	BR	BR	1/1/2002
95966	MAGNETOENCEPHALOGRAPHY (MEG), RECORDING AND ANALYSIS; FOR EVOKED MAGNETIC	BR	BR	1/1/2002
95967	MAGNETOENCEPHALOGRAPHY (MEG), RECORDING AND ANALYSIS; FOR EVOKED MAGNETIC	BR	BR	1/1/2002
95970	ELECTRONIC ANALYSIS OF IMPLANTED NEUROSTIMULATOR PULSE GENERATOR SYSTEM (EG, RAT	\$47.56	\$20.68	2/1/2009
95971	ELECTRONIC ANALYSIS OF IMPLANTED NEUROSTIMULATOR PULSE GENERATOR SYSTEM (EG,	\$51.05	\$35.44	2/1/2009
95972	ELECTRONIC ANALYSIS OF IMPLANTED NEUROSTIMULATOR PULSE GENERATOR SYSTEM (EG,	\$96.98	\$70.81	2/1/2009
95973	ELECTRONIC ANALYSIS OF IMPLANTED NEUROSTIMULATOR PULSE GENERATOR SYSTEM (EG,	\$52.62	\$42.82	2/1/2009
95974	ELECTRONIC ANALYSIS OF IMPLANTED NEUROSTIMULATOR PULSE GENERATOR SYSTEM (EG,	\$161.03	\$141.77	2/1/2009
95975	ELECTRONIC ANALYSIS OF IMPLANTED NEUROSTIMULATOR PULSE GENERATOR SYSTEM (EG,	\$89.52	\$81.88	2/1/2009
95978	ELECTRONIC ANALYSIS OF IMPLANTED NEUROSTIMULATOR PULSE GENERATOR SYSTEM (EG,	\$190.10	\$163.20	2/1/2009
95979	ELECTRONIC ANALYSIS OF IMPLANTED NEUROSTIMULATOR PULSE GENERATOR SYSTEM (EG,	\$85.53	\$77.52	2/1/2009
95990	REFILLING AND MAINTENANCE OF IMPLANTABLE PUMP OR RESERVOIR FOR DRUG DELIVERY, SP	\$58.78	\$58.78	2/1/2009
95991	REFILLING AND MAINTENANCE OF IMPLANTABLE PUMP OR RESERVOIR FOR DRUG DELIVERY,	\$83.74	\$33.62	2/1/2009



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95992	Canalith repositioning procedure(s) (eg, Epley maneuver, Semont maneuver), per d	\$38.38	\$34.38	2/1/2009
95999	UNLISTED NEUROLOGICAL OR NEUROMUSCULAR DIAGNOSTIC PROCEDURE	BR	BR	10/1/1982
96000	COMPREHENSIVE COMPUTER-BASED MOTION ANALYSIS BY VIDEO-TAPING AND 3-D KINEMATICS;	\$80.54	\$80.54	2/1/2009
96001	COMPREHENSIVE COMPUTER-BASED MOTION ANALYSIS BY VIDEO-TAPING AND 3-D	\$96.07	\$96.07	2/1/2009
96002	DYNAMIC SURFACE ELECTROMYOGRAPHY, DURING WALKING OR OTHER FUNCTIONAL	\$18.82	\$18.82	2/1/2009
96003	DYNAMIC FINE WIRE ELECTROMYOGRAPHY, DURING WALKING OR OTHER FUNCTIONAL	\$16.63	\$16.63	2/1/2009
96004	PHYSICIAN REVIEW AND INTERPRETATION OF COMPREHENSIVE COMPUTER BASED MOTION	\$102.60	\$102.60	2/1/2009
96020	NEUROFUNCTIONAL TESTING SELECTION AND ADMINISTRATION DURING NONINVASIVE IMAGING	BR	BR	1/1/2007
97001	PHYSICAL THERAPY EVALUATION	\$66.67	\$66.67	2/1/2009
97002	PHYSICAL THERAPY RE-EVALUATION	\$35.70	\$35.70	2/1/2009
97003	OCCUPATIONAL THERAPY EVALUATION	\$71.40	\$71.40	2/1/2009
97004	OCCUPATIONAL THERAPY RE-EVALUATION	\$42.60	\$42.60	2/1/2009
97012	APPLICATION OF A MODALITY TO ONE OR MORE AREAS; TRACTION, MECHANICAL	\$13.64	\$13.64	2/1/2009
97014	APPLICATION OF A MODALITY TO ONE OR MORE AREAS; ELECTRICAL STIMULATION	\$12.85	\$12.85	2/1/2009
97016	APPLICATION OF A MODALITY TO ONE OR MORE AREAS; VASOPNEUMATIC DEVICES	\$13.94	\$13.94	2/1/2009
97018	APPLICATION OF A MODALITY TO ONE OR MORE AREAS; PARAFFIN BATH	\$6.94	\$6.94	2/1/2009
97022	APPLICATION OF A MODALITY TO ONE OR MORE AREAS; WHIRLPOOL	\$15.76	\$15.76	2/1/2009
97024	APPLICATION OF A MODALITY TO ONE OR MORE AREAS; DIATHERMY (EG, MICROWAVE)	\$4.77	\$4.77	2/1/2009
97026	APPLICATION OF A MODALITY TO ONE OR MORE AREAS; INFRARED	\$4.40	\$4.40	2/1/2009
97028	APPLICATION OF A MODALITY TO ONE OR MORE AREAS; ULTRAVIOLET	\$5.85	\$5.85	2/1/2009
97032	APPLICATION OF A MODALITY TO ONE OR MORE AREAS; ELECTRICAL STIMULATION (MANUAL),	\$15.10	\$15.10	2/1/2009
97033	APPLICATION OF A MODALITY TO ONE OR MORE AREAS; IONTOPHORESIS, EACH 15 MINUTES	\$21.99	\$21.99	2/1/2009
97034	APPLICATION OF A MODALITY TO ONE OR MORE AREAS; CONTRAST BATHS, EACH 15 MINUTES	\$13.23	\$13.23	2/1/2009
97035	APPLICATION OF A MODALITY TO ONE OR MORE AREAS; ULTRASOUND, EACH 15 MINUTES	\$10.70	\$10.70	2/1/2009



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97036	APPLICATION OF A MODALITY TO ONE OR MORE AREAS; HUBBARD TANK, EACH 15 MINUTES	\$23.47	\$23.47	2/1/2009
97039	UNLISTED MODALITY (SPECIFY TYPE AND TIME IF CONSTANT ATTENDANCE)	\$11.13	\$11.13	2/1/2009
97110	THERAPEUTIC PROCEDURE, ONE OR MORE AREAS, EACH 15 MINUTES; THERAPEUTIC EXERCISES	\$26.13	\$26.13	2/1/2009
97112	THERAPEUTIC PROCEDURE, ONE OR MORE AREAS, EACH 15 MINUTES; NEUROMUSCULAR	\$27.25	\$27.25	2/1/2009
97113	THERAPEUTIC PROCEDURE, ONE OR MORE AREAS, EACH 15 MINUTES; AQUATIC THERAPY WITH	\$31.61	\$31.61	2/1/2009
97116	THERAPEUTIC PROCEDURE, ONE OR MORE AREAS, EACH 15 MINUTES; GAIT TRAINING	\$22.85	\$22.85	2/1/2009
97124	THERAPEUTIC PROCEDURE, ONE OR MORE AREAS, EACH 15 MINUTES; MASSAGE, INCLUDING	\$20.99	\$20.99	2/1/2009
97139	UNLISTED THERAPEUTIC PROCEDURE (SPECIFY)	\$15.04	\$15.04	2/1/2009
97140	MANUAL THERAPY TECHNIQUES (EG, MOBILIZATION/MANIPULATION, MANUAL LYMPHATIC	\$24.34	\$24.34	2/1/2009
97150	THERAPEUTIC PROCEDURE(S), GROUP (2 OR MORE INDIVIDUALS)	\$16.55	\$16.55	2/1/2009
97530	THERAPEUTIC ACTIVITIES, DIRECT (ONE-ON-ONE) PATIENT CONTACT BY THE PROVIDER	\$27.62	\$27.62	2/1/2009
97532	DEVELOPMENT OF COGNITIVE SKILLS TO IMPROVE ATTENTION, MEMORY, PROBLEM SOLVING,	\$22.51	\$22.51	2/1/2009
97533	SENSORY INTEGRATIVE TECHNIQUES TO ENHANCE SENSORY PROCESSING AND PROMOTE	\$23.96	\$23.96	2/1/2009
97535	SELF-CARE/HOME MANAGEMENT TRAINING (EG, ACTIVITIES OF DAILY LIVING (ADL) AND	\$27.99	\$27.99	2/1/2009
97537	COMMUNITY/WORK REINTEGRATION TRAINING (EG, SHOPPING, TRANSPORTATION, MONEY	\$25.08	\$25.08	2/1/2009
97542	WHEELCHAIR MANAGEMENT (EG, ASSESSMENT, FITTING, TRAINING), EACH 15 MINUTES	\$25.41	\$25.41	2/1/2009
97545	WORK HARDENING/CONDITIONING; INITIAL 2 HOURS	BR	BR	1/1/1993
97546	WORK HARDENING/CONDITIONING; EACH ADDITIONAL HOUR (LIST SEPARATELY IN ADDITION	BR	BR	1/1/1993
97597	REMOVAL OF DEVITALIZED TISSUE FROM WOUND(S), SELECTIVE DEBRIDEMENT, WITHOUT ANES	\$52.73	\$34.92	2/1/2009



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97598	REMOVAL OF DEVITALIZED TISSUE FROM WOUND(S), SELECTIVE DEBRIDEMENT, WITHOUT	\$65.26	\$45.28	2/1/2009
97602	REMOVAL OF DEVITALIZED TISSUE FROM WOUND(S), NON-SELECTIVE DEBRIDEMENT, WITHOUT	BR	BR	1/1/2001
97605	NEGATIVE PRESSURE WOUND THERAPY (EG, VACUUM ASSISTED DRAINAGE COLLECTION),	\$32.02	\$24.75	2/1/2009
97606	NEGATIVE PRESSURE WOUND THERAPY (EG, VACUUM ASSISTED DRAINAGE COLLECTION),	\$34.62	\$27.35	2/1/2009
97750	PHYSICAL PERFORMANCE TEST OR MEASUREMENT (EG, MUSCULOSKELETAL, FUNCTIONAL	\$27.25	\$27.25	2/1/2009
97755	ASSISTIVE TECHNOLOGY ASSESSMENT (EG, TO RESTORE, AUGMENT OR COMPENSATE FOR	\$31.38	\$31.38	2/1/2009
97760	ORTHOTIC(S) MANAGEMENT AND TRAINING (INCLUDING ASSESSMENT AND FITTING WHEN NOT O	\$29.77	\$29.77	2/1/2009
97761	PROSTHETIC TRAINING, UPPER AND/OR LOWER EXTREMITY(S), EACH 15 MINUTES	\$26.50	\$26.50	2/1/2009
97762	CHECKOUT FOR ORTHOTIC/PROSTHETIC USE, ESTABLISHED PATIENT, EACH 15 MINUTES	\$29.96	\$29.96	2/1/2009
97799	UNLISTED PHYSICAL MEDICINE/REHABILITATION SERVICE OR PROCEDURE	BR	BR	10/1/1982
97802	MEDICAL NUTRITION THERAPY; INITIAL ASSESSMENT AND INTERVENTION, INDIVIDUAL, FACE	\$26.16	\$25.79	2/1/2009
97803	MEDICAL NUTRITION THERAPY; RE-ASSESSMENT AND INTERVENTION, INDIVIDUAL,	\$23.18	\$22.81	2/1/2009
97804	MEDICAL NUTRITION THERAPY; GROUP (2 OR MORE INDIVIDUAL(S)), EACH 30 MINUTES	\$13.27	\$12.89	2/1/2009
99000	HANDLING AND/OR CONVEYANCE OF SPECIMEN FOR TRANSFER FROM THE PHYSICIAN'S OFFICE	\$11.97	\$11.97	2/1/2009
99001	HANDLING AND/OR CONVEYANCE OF SPECIMEN FOR TRANSFER FROM THE PATIENT IN OTHER	\$17.95	\$17.95	2/1/2009
99002	HANDLING, CONVEYANCE, AND/OR ANY OTHER SERVICE IN CONNECTION WITH THE	\$35.18	\$35.18	2/1/2009
99050	SERVICES PROVIDED IN THE OFFICE AT TIMES OTHER THAN REGULARLY SCHEDULED OFFICE H	\$13.66	\$13.66	2/1/2009
99051	SERVICE(S) PROVIDED IN THE OFFICE DURING REGULARLY SCHEDULED EVENING, WEEKEND, O	BR	BR	1/1/2006
99053	SERVICE(S) PROVIDED BETWEEN 10:00 PM AND 8:00 AM AT 24-HOUR FACILITY, IN ADDITIO	BR	BR	1/1/2006
99058	SERVICE(S) PROVIDED ON AN EMERGENCY BASIS IN THE OFFICE, WHICH DISRUPTS OTHER SC	\$38.19	\$38.19	2/1/2009



ARIZONA HEALTH CARE
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2009 FFS Rate Codes - Professional & Medical Services

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PROC	DESCRIPTION	NON FAC RATE 2009	FAC RATE 2009	EFF DATE
99060	SERVICE(S) PROVIDED ON AN EMERGENCY BASIS, OUT OF THE OFFICE, WHICH DISRUPTS OTH	BR	BR	1/1/2006
99170	ANOGENITAL EXAMINATION WITH COLPOSCOPIC MAGNIFICATION IN CHILDHOOD FOR SUSP TRAU	\$125.59	\$81.24	2/1/2009
99173	SCREENING TEST OF VISUAL ACUITY, QUANTITATIVE, BILATERAL	\$2.54	\$2.54	2/1/2009
99175	IPECAC OR SIMILAR ADMINISTRATION FOR INDIVIDUAL EMESIS AND CONTINUED	\$35.10	\$35.10	2/1/2009
99183	PHYSICIAN ATTENDANCE AND SUPERVISION OF HYPERBARIC OXYGEN THERAPY, PER SESSION	\$188.46	\$105.99	2/1/2009
99185	HYPOTHERMIA; REGIONAL	\$43.20	\$43.20	2/1/2009
99186	HYPOTHERMIA; TOTAL BODY	\$77.81	\$77.81	2/1/2009
99190	ASSEMBLY AND OPERATION OF PUMP WITH OXYGENATOR OR HEAT EXCHANGER (WITH OR	\$99.28	\$99.28	2/1/2009
99191	ASSEMBLY AND OPERATION OF PUMP WITH OXYGENATOR OR HEAT EXCHANGER (WITH OR	\$60.10	\$60.10	2/1/2009
99192	ASSEMBLY AND OPERATION OF PUMP WITH OXYGENATOR OR HEAT EXCHANGER (WITH OR	\$44.77	\$44.77	2/1/2009
99195	PHLEBOTOMY, THERAPEUTIC (SEPARATE PROCEDURE)	\$55.20	\$55.20	2/1/2009
99199	UNLISTED SPECIAL SERVICE, PROCEDURE OR REPORT	BR	BR	10/1/1982
G0248	DEMONSTRATION, PRIOR TO INITIAL USE, OF HOME INR MONITORING FOR PATIENT WITH EIT	\$182.39	\$182.39	2/1/2009
G0270	MEDICAL NUTRITION THERAPY; REASSESSMENT AND SUBSEQUENT INTERVENTION(S)	\$23.18	\$22.81	2/1/2009
G0271	MEDICAL NUTRITION THERAPY, REASSESSMENT AND SUBSEQUENT INTERVENTION(S)	\$13.27	\$12.89	2/1/2009
G0293	NONCOVERED SURGICAL PROCEDURE(S) USING CONSCIOUS SEDATION, REGIONAL, GENERAL OR	BR	BR	1/1/2003
G0294	NONCOVERED PROCEDURE(S) USING EITHER NO ANESTHESIA OR LOCAL ANESTHESIA ONLY, IN	BR	BR	1/1/2003
S9435	MEDICAL FOODS FOR INBORN ERRORS OF METABOLISM	BR	BR	1/1/2001
S9451	EXERCISE CLASSES, NON-PHYSICIAN PROVIDER, PER SESSION	\$76.00	\$76.00	2/1/2009
S9470	NUTRITIONAL COUNSELING, DIETITIAN VISIT	BR	BR	1/1/2000
S9975	TRANSPLANT RELATED LODGING, MEALS AND TRANSPORTATION, PER DIEM	BR	BR	1/1/2003